

## Unified Health Communication:

Addressing Health Literacy, Cultural Competency, and Limited English Proficiency



Job Aid

## Seven Stages of a Developmental Model of Ethnosensitivity for Family Practice Training

**Stage 7: Integration.** The culturally integrated practitioner "stands both inside and outside a culture, having both deep understanding and a critical viewpoint." The integrated physician is able to make ethical decisions through a contextual evaluation of critical cultural and individual factors. The refinement of cultural integration can continue through fostering integrative skills and multiculturalism.

**Stage 6: Empathy.** This stage involves a framework shift to be able to experience events as a patient might. Trainees exhibit "pluralism" when they are able to move outside their worldview to come to an understanding of the patient's value system and worldview. However, ethical decision-making requires more than empathy; it requires an enrichment of cultural experiences.

**Stage 5: Relativism.** This stage is characterized by the acceptance of ethnic and cultural differences, but a naiveté regarding knowledge of specific differences and their implications on providing care remains. The goals for this stage are to gain experience through cultural exploration and education and to foster empathy.

**Stage 4: Minimization.** The physician or student acknowledges that cultural differences exist, but views them as unimportant compared with similarities. The characteristics of this stage are "reductionism" and "universalism." Reductionism, which promotes, stresses "biochemistry and pathophysiology models while de-emphasizing the medical effects of personality, family structure, and socio-cultural factors." Universalism is the idea that universal laws and principles of human behavior exist that transcend human differences. At this stage, it is important to stress individual and group differences by stressing biopsychosocial awareness and by debunking the belief that "common sense" is all that is needed to establish good therapeutic relationships.

**Stage 3: Superiority.** This stage is characterized by negative stereotyping, which results from "ranking" cultural differences according to one's culture, or "reversal," which results in denigrating one's culture as a result of identifying with another group's attitudes, beliefs, and practices to the point of seeing their culture as superior. The goal at his stage is to promote the recognition of similarities between cultural groups.

**Stage 2: Denial.** In this stage, "culture blindness" or "over-generalization" is displayed. A physician or student may have little understanding of cultural variation and behave as if cultural differences do not exist. The goal at this stage is to "promote recognition of ethnicities" through fostering the simple awareness of cultural differences. The medical trainee must learn that "everyone has an ethnicity."

**Stage 1: Fear.** Family physicians may fear a specific group and idea or have a general mistrust of differences. Fear is an incredibly problematic response because it is a powerful motivator. The goal is to decrease or eradicate fear by using basic approaches and understandings.

The content for this material was excerpted from the U.S. Department of Health and Human Services, Office of Minority Health. *A Physician's Practical Guide to Culturally Competent Care*. Available at: https://cccm.thinkculturalhealth.org/default.asp